

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043138

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 544

VS 300
Rev. 4/59

1 0168

2 0168

3 2

4 0

5 2

6

7 0

8 2

9 4/13X

10

11

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 8 1963

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Cape Girardeau

Length of stay in 1b

10 months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cape Gir.

c. CITY OR TOWN Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

45 N. Main

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Joseph

James

Lynch

4. DATE OF DEATH

Month

Day

Year

Nov. 30, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-4-1894

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railroad

10b. KIND OF BUSINESS OR INDUSTRY

Transportation

11. BIRTHPLACE (City and state or country)

Cape Girardeau, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James C. Lynch

13b. MOTHER'S MAIDEN NAME

Elizabeth Schlindwein

14. NAME OF HUSBAND OR WIFE

Anna Hauptmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. T. D. McBride Cape Gir., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Barotintestinal Hemorrhage

Cerebrovascular Accident

Hypertensive Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

3 days

5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Aspirational Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

0

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

0

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

0

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

0

20f. CITY, TOWN, OR LOCATION

0

COUNTY

STATE

21. I attended the deceased from 11-25-63 to 11-30-63 and last saw her alive on 11-29-63

Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas C. Spackman M.D.

22b. ADDRESS

210 Chintana Cape Girardeau, Mo.

22c. DATE SIGNED

11-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-2-1963

23c. NAME OF CEMETERY OR CREMATORY

St. Marys Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ford & Sons Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

12-3-1963

26. REGISTRAR'S SIGNATURE

Quinn Kasten

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ *W. G. Ford*

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.